

**PETITION FOR THE APPOINTMENT OF A
GUARDIAN AND/OR CONSERVATOR FOR A PROPOSED WARD**

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used for filing a Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward pursuant to O.C.G.A. §§ 29-4-10 and 29-5-10.
2. In determining if this Court is the proper place to bring this action, Petitioner(s) should consult Georgia law, including but not limited to, Chapters 4, 5 and 11 of Title 29, as applicable.
3. In any case involving the creation of a Conservatorship when the Proposed Ward owns real property, a certificate of creation of Conservatorship will be completed by the Clerk of the Probate Court and filed with the Clerk of the Superior Court of each county of this state in which the Proposed Ward owns real property within thirty (30) days of the date of such order.
4. The burden of proof is on the Petitioner to present clear and convincing evidence that the Proposed Ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety and is in need of a guardianship and/or that the Proposed Ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property and is in need of a Conservatorship.
5. The Petition must state whether or not the Proposed Ward resided in another state prior to the Guardianship Petition being filed. The Petition must list the address at which the Proposed Ward resided and the individuals with whom he or she resided. The court may require additional service to these individuals according to O.C.G.A. §§ 29-4-10 (b) (17) and 29-9-7 (b).
6. The Certificate to the Secretary of State page is to be used only when a determinative finding has been made that the Proposed Ward's voting rights should be removed due to the lack of capacity of the ward. The order of the Court must be modified to reflect that this right was removed. The certificate must be mailed to the Secretary of State.
7. The Certificate to the GBI page shall be used in all cases where a Guardianship and/or Conservatorship is/are established. Individuals so listed in this database will be prohibited from obtaining a Georgia Weapons Carry License. In the event the ward's rights are restored, such restoration of rights shall be sent to the GBI, so the database can be updated. Only the Certificate needs to be sent to the GBI and not the Guardianship Order.

8. The Proposed Ward and his or her appointed attorney, and guardian ad litem if appointed, shall receive full copies of the entire Petition as filed. All other parties entitled to service shall receive only a notice of service herein titled: "NOTICE OF FILING OF PETITION FOR GUARDIANSHIP AND/OR CONSERVATORSHIP."
9. According to Probate Court Rule 5.6 (A), unless the Court specifically assumes the responsibility, it is the responsibility of the moving party to prepare the proper citation and deliver it properly so it can be served according to law. All pages after the Notice regarding Uniform Probate Court Rule 5.6 (A) are to be completed by the moving party, unless otherwise directed by the Court.
10. An oath must be administered by a Probate Judge or Clerk (the oath cannot be administered by a notary public). Use Georgia Probate Court Supplement 4 for the oath. The oath is not included in this form. Georgia Probate Court Form 53, Commission to Administer Oath, can be used if the oath is to be administered by a court outside the State of Georgia.

II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each Probate Court or at www.gaprobate.gov, labeled GPCSF 1.

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
ESTATE NO. _____

**PETITION FOR APPOINTMENT OF A
GUARDIAN AND/OR CONSERVATOR FOR A PROPOSED WARD**

[NOTE: Unless there are two or more Petitioners, the affidavit beginning on page 15 must be completed by a physician, psychologist, or licensed clinical social worker and based on an examination within fifteen (15) days prior to the filing of this Petition.]

The Petition of _____, _____,

whose relationship to the above-named Proposed Ward is _____, whose
domicile is _____, *Street* _____, *City* _____, *County* _____, *State* _____, *Zip Code* _____,
and mailing address is _____, *Street* _____, *City* _____, *County* _____, *State* _____, *Zip Code* _____,

AND *[initial either (a) or (b) below]*

OR

_____ (b) Attached hereto as pages 15 and 16 and made a part of this Petition is the completed affidavit of _____, a physician, psychologist licensed to practice in Georgia or licensed clinical social worker, who has examined the Proposed Ward within fifteen (15) days prior to the filing of this Petition, and shows to the Court the following:

1.

The Proposed Ward

[Full name of Proposed Ward] First _____ Middle _____ Last _____

whose age is _____, date of birth is _____,

Social Security Number is _____, domicile is _____

Street _____ City _____ County _____ State _____ Zip Code _____

presently located at _____

Street _____ City _____ County _____ State _____ Zip Code _____

which is a _____ and can be contacted at

[type of facility, if applicable]

telephone number: _____.

2.

(a) Will the Proposed Ward be moved within the _____
next three (3) days? *[Select One]* Yes No

(b) Is the Proposed Ward a citizen of a foreign country? *[Select One]* Yes No

If you answer "Yes" to (a) and/or (b), provide the necessary information below:

(a) The following is the address where the Proposed Ward is anticipated to be moved:

Street _____ City _____ County _____ State _____ Zip Code _____ Telephone Number _____

(b) The Proposed Ward is a citizen of a foreign country, said country being:
_____ (if a guardianship or conservatorship is granted, pursuant to
The Vienna Convention, the Probate Court must notify the consul).

3.

(a) Is a guardianship necessary because the _____
Proposed Ward lacks sufficient capacity to make or
communicate significant responsible decisions
concerning his or her health or safety? *[Select One]* Yes No

(b) Is a conservatorship necessary because the Proposed _____
Ward lacks sufficient capacity to make or
communicate significant responsible decisions
concerning the management of his or her property? *[Select One]* Yes No

If you answer "Yes" to (a) and/or (b), provide the facts that support the claim of the need for a
guardian/conservator (continued on next page):

[NOTE: The Petition cannot be granted unless sufficient facts are presented that support the allegation that the appointment of a guardian and/or conservator is necessary. While an attached physician's, psychologist's, or social worker's affidavit is permissible, the Petition MUST specifically provide sufficient facts to support the granting of this Petition.]

4.

(a) It is in the best interest of the Proposed Ward for the following individual to be appointed guardian: _____

(b) It is in the best interest of the Proposed Ward for the following individual to be appointed conservator: _____

5.

The foreseeable duration of the Proposed Ward's incapacity is _____ and the Court should allow the Proposed Ward to retain the following rights and powers: _____

6.

[NOTE: The law requires notice to be given to the spouse, if any, and to all living children whose addresses are known, if any. If there are no living adult children whose addresses are known, then list at least two (2) adults in the following order of priority: lineal descendants of the Proposed Ward; parents and siblings of the Proposed Ward; and friends of the Proposed Ward. In determining the persons to whom notice is required to be given according to the foregoing rules, the Petitioner(s) should not be counted as persons receiving notice. The "Notice of Filing of Petition for Guardianship and/or Conservatorship" will be sent to these parties and not the entire Petition.]

Pursuant to law, the names, addresses, telephone numbers, and relationships of the persons to be notified are as follows:

Name	Age (if under 18)	Address	Relationship

7.

(a) Was an individual nominated to serve under a living will, durable power of attorney for healthcare, or other instrument that deals with the management of the person of the Proposed Ward in the event of incapacity, prior to the filing of this Guardianship Petition? *[Select One]* Yes No

If you answer “Yes” to (a), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, and whether he/she/they are willing to act or have failed to act under said appointment and attach the document as an exhibit to this Petition:

(b) Was an individual nominated in writing to serve as guardian by the Proposed Ward, or any other individual such as a spouse, adult child, or parent, to care for the Proposed Ward either because of or in the event of incapacity? *[Select One]* Yes No

If you answer “Yes” to (b), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and whether the individual(s) is/are an owner, operator, or employee of a caregiving institution in which the Proposed Ward currently is receiving care and attach the document as an exhibit to this Petition:

(c) Was an order relating to cardiopulmonary resuscitation issued by the Proposed Ward or another individual addressing end of life decisions and/or life sustaining procedures? *[Select One]* Yes No

If you answer “Yes” to (c), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and attach the document as an exhibit to this Petition:

(d) Was a trust created for or by the Proposed Ward?

[Select One] Yes No

If you answer “Yes” to (d), provide the name(s), address(es), and relationship(s) to the Proposed Ward (if any) of the Trustee; indicate the nature of the Ward’s interest in the Trust, whether the Trustee(s) is/are willing to act under said appointment, and attach the document as an exhibit to this Petition:

(e) Was any other document created which gave another individual [Select One] Yes No authority to act on the Proposed Ward’s behalf either by the Proposed Ward or someone else?

If you answer “Yes” to (e), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and attach the document as an exhibit to this Petition:

(f) Does another person have the authority to act on behalf of the [Select One] Yes No Proposed Ward?

If you answer “Yes” to (f), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and attach the document as an exhibit to this Petition:

8.

Does anyone named above, or the proposed guardian(s)/ conservator(s) have a financial conflict of interest with the Proposed Ward? [Select One] Yes No

[Note: A conflict of interest may exist if the proposed conservator is co-owner of real property or a joint account with the Proposed Ward.]

If you answer “Yes,” list the nature of the conflict of interest:

9.

(a) On behalf of the Proposed Ward, a Petition for Emergency [Select One] Yes No
Guardianship and/or Conservatorship was filed.

If you answer "Yes" to (a), provide the filing date of the Petition for Emergency Guardianship and/or Conservatorship and the name of the County and State in which it was filed:

(b) On behalf of the Proposed Ward, an Emergency Guardianship [Select One] Yes No
and/or Conservatorship was created.

If you answer "Yes" to (b), list the full name and address of the person(s) appointed as Emergency Guardian(s) and/or Conservator(s):

Emergency Guardian(s): _____,
(Full name) First _____ Middle _____ Last _____

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

Emergency Conservator(s): _____,
(Full name) First _____ Middle _____ Last _____

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

(c) On behalf of the Proposed Ward, a Petition for Permanent [Select One] Yes No
Guardianship and/or Conservatorship was filed.

If you answer "Yes" to (c), provide the filing date of the Petition for Guardianship and/or Conservatorship and the name of the County and State in which it was filed:

(d) On behalf of the Proposed Ward, a Petition for Permanent
Guardianship and/or Conservatorship was created. *[Select One]* Yes No

If you answer "Yes" to (d), list the full name and address of the person(s) appointed as Guardian(s) and/or Conservator(s):

Guardian(s): _____,
(Full name) First Middle Last

Street _____ City _____ County _____ State _____ Zip Code _____

Conservator(s): _____,
(Full name) First Middle Last

Street _____ City _____ County _____ State _____ Zip Code _____

(e) On behalf of the Proposed Ward, a Petition for Permanent *[Select One]* Yes No
Guardianship and/or Conservatorship was denied.

If you answer "Yes" to (e), provide the reason the Petition for Guardianship and/or Conservatorship was denied and whether any change of circumstances has occurred with the Proposed Ward:

10.

**ASSETS, INCOME, OTHER SOURCES OF FUNDS, LIABILITIES, AND EXPENSES
OF PROPOSED WARD**

REAL PROPERTY

[Indicate if property is jointly owned and, if so, with whom]

Description	County	State	Joint Owner, if any	Approximate Equity:
Parcel 1:				\$ _____
Parcel 2:				\$ _____
Parcel 3:				\$ _____

INCOME FROM ALL SOURCES

Yearly Total:

Social Security per year:	\$ _____
SSI <i>[Supplemental Security Income]</i> per year:	\$ _____
Retirement benefits per year:	\$ _____
VA benefits per year:	\$ _____
Other income per year (e.g., alimony, annuity, or trust distributions):	\$ _____
Interest, dividend, or investment income:	\$ _____
Yearly Total of All Income:	\$ _____

PERSONAL AND INTANGIBLE PROPERTY

[Indicate if property is jointly owned and, if so, with whom]

(1) Checking/Savings/Money Market/Certificates of Deposit/

Liquid Accounts:

Bank/Financial Institution/Broker	Account Number	Joint Owner, if any	\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

(2) Stocks/Bonds/Investments (including retirement and profit-sharing accounts):

(a) Held by Brokers:

Brokerage Firm/Institution	Account Number	Joint Owner, if any	\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

(b) Privately Held:

Company/Issuer	Number of Shares	Joint Owner, if any	\$
			\$

(3) Automobiles

Year/Make/Model	V.I.N.	Joint Owner, if any	\$
			\$

(4) Other assets of significant value:

Description	Joint Owner, if any	\$
		\$

Total Value of Personal and Intangible Property:

\$ _____

DEBTS AND OTHER LIABILITIES**PERSONAL AND INTANGIBLE PROPERTY**

The Proposed Ward has the following debts and/or liabilities:

Approximate Balance:**(1) Secured Debts**

Obligor/Payee	Collateral	Joint Owner, if any	\$
			\$
			\$

(2) Unsecured Debts

Obligor/Payee	Account Number	Joint Owner, if any	\$
			\$
			\$

Total Debts and Other Liabilities of Proposed Ward:

\$ _____

AVERAGE MONTHLY LIABILITIES AND EXPENSESHousehold:

Care Facility/Rent/Mortgage Payments:	\$ _____
Property Taxes/Insurance:	\$ _____
Utilities/Lawn Care/Pest Control:	\$ _____
Miscellaneous Household Food:	\$ _____
Total Credit Account and Other Debt Payments:	\$ _____
Other [specify] _____:	\$ _____

Automotive/Transportation:

Fuel and Repairs: \$ _____
Tags, License Fees, Insurance: \$ _____
Bus/Train/Taxi Fares: \$ _____

Minors or Other Dependents of Proposed Ward:

Childcare: \$ _____
School Tuition/Supplies/Expenses/Lunches: \$ _____
Clothing/Diapers/Grooming/Hygiene: \$ _____
Medical/Dental/Prescription: \$ _____

Other Insurance:

Health: \$ _____
Life/Disability: \$ _____
Other [specify] _____: \$ _____

Proposed Ward's Other Expenses:

Laundry/Clothing/Grooming/Hygiene: \$ _____
Medical/Dental/Prescriptions/Medications: \$ _____
Entertainment/Vacations/Subscriptions/Dues: \$ _____
Personal Caretakers/Cleaning Personnel: \$ _____

Total Expenses:

\$ _____

PAYMENTS TO CREDITORS

Is the Proposed Ward behind on any debt payments? *[Select One]* Yes No
If so, payee and amount: _____ \$ _____

SUMMARY

(1) Average Monthly Income: \$ _____
(2) Average Monthly Expenses: \$ _____

11.

A guardian ad litem should be appointed because the following additional powers pursuant to O.C.G.A. §§ 29-4-23 (b) and/or 29-5-23 (b) and (c) are requested, with the reasons for seeking such powers:

12.

Was the Proposed Ward physically present in another state at least six (6) consecutive months during the year preceding the filing of this Petition? *[Select One]* Yes No

If you answer "Yes," list below the address, county, and state in which the Proposed Ward resided during the preceding year.

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

Did the Proposed Ward live alone? *[Select One]* Yes No

If you answer "No," list below the name(s) and address(es) of those individuals with whom the ward resided.

(Full name)	First	Middle	Last	,
-------------	-------	--------	------	---

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

(Full name)	First	Middle	Last	,
-------------	-------	--------	------	---

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

If you answer "Yes," list the names and addresses of the friends or family members living in that area. List the two individuals in the closest degree of kinship to the Proposed Ward who live in that area, not previously listed. Include the individuals' full names and complete addresses:

(Full name)	First	Middle	Last	,
-------------	-------	--------	------	---

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

(Full name)	First	Middle	Last	,
-------------	-------	--------	------	---

Street	City	County	State	Zip Code
--------	------	--------	-------	----------

13.

This Court has jurisdiction to hear this action under Georgia law, and particularly under Chapters 4, 5, and 11 of Title 29 because: _____

14.

Additional Data: *[Where full particulars are lacking, state here the reasons for any such omission.]*

15.

It is in the best interest of the Proposed Ward that the within nominated guardian and/or conservator be appointed.

WHEREFORE, Petitioner(s) pray(s):

1. that service be perfected as required by law;
2. that the Court appoint legal counsel and an evaluator for the Proposed Ward and order an evaluation as required by law;
3. that upon receipt of the evaluation report, the Court order a hearing to determine the need for a guardian and/or conservator for the Proposed Ward; and
4. that a guardian and/or conservator be appointed for the Proposed Ward.

Signature of First Petitioner

Signature of Second Petitioner, if any

Printed Name

Printed Name

Mailing Address

Mailing Address

Telephone Number

Telephone Number

Signature of Attorney: _____

Printed name of Attorney: _____

Address: _____

Telephone Number: _____ State Bar # _____

VERIFICATION

GEORGIA, _____ COUNTY

Personally appeared before me the undersigned Petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward (and the attached Exhibit(s)) are true and correct.

Sworn to and subscribed before me this
____ day of _____, 20 ____.

Signature of First Petitioner

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of First Petitioner

Sworn to and subscribed before me this
____ day of _____, 20 ____.

Signature of Second Petitioner

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of Second Petitioner

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD,)
ESTATE NO. _____

CONSENT TO SERVE AS GUARDIAN/CONSERVATOR

RE: Petition for the Appointment of a Guardian and/or Conservator for the above-named Proposed Ward

I, _____, having been nominated as guardian, and I, _____, having been nominated as conservator of the above-named Proposed Ward, do hereby consent to serve as guardian and/or conservator if so appointed.

Signature Proposed Guardian

Signature Proposed Conservator

Printed Name

Printed Name

Mailing Address

Mailing Address

Telephone Number

Telephone Number

Telephone Number _____

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
_____,)
_____,)
PROPOSED WARD)
ESTATE NO. _____

RE: Petition for Appointment of a Guardian and/or Conservator for the above-named Proposed Ward

**AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR CLINICAL SOCIAL WORKER
FOR GUARDIANSHIP AND/OR CONSERVATORSHIP**

I, being first duly sworn, depose and say that I am a physician licensed to practice under Chapter 34 of Title 43 of the Official Code of Georgia Annotated, a psychologist licensed to practice under Chapter 39 of Title 43 of the Official Code of Georgia Annotated, or a licensed clinical social worker; that my office address is _____ and that I have examined the above-named Proposed Ward on the _____ day of _____, 20____.

[NOTE: The examination on which this affidavit is based must occur WITHIN FIFTEEN (15) DAYS prior to the filing of the Petition.]

I found him/her to be incapacitated by reason of:

to the extent that said Proposed Ward:

[initial all that apply]

____ (a) *[for guardianship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety.

____ (b) *[for conservatorship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property.

The following facts support my opinion of incapacity and the existence of an immediate threat(s) or risk(s) to the Proposed Ward:

The foreseeable limits on the duration of such incapacity are: _____

WITNESS MY HAND AND SEAL this _____ day of _____, 20____.

Signature of Physician/Psychologist/Social Worker

Printed Name of Evaluator

Sworn to and subscribed before me this
_____ day of _____, 20____.

Notary Public
My Commission Expires _____
(NOTARY SEAL AFFIXED)

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD,)
ESTATE NO. _____

ACKNOWLEDGMENT OF SERVICE

Due and legal service of the Petition for Appointment of a Guardian and/or Conservator is hereby acknowledged by the following interested persons as shown in paragraph 6 of said Petition, in addition to any nominated guardian(s) and/or conservator(s). The undersigned acknowledges that he/she has received a copy of the Petition and all further service and notice is waived.

Sworn to and subscribed before me this
____ day of _____, 20 ____.

Signature

NOTARY/CLERK OF PROBATE COURT
My Commission Expires

Printed Name

Sworn to and subscribed before me this
____ day of _____, 20____.

Signature

NOTARY/CLERK OF PROBATE COURT
My Commission Expires

Printed Name

Signature

NOTARY/CLERK OF PROBATE COURT
My Commission Expires

Printed Name

NOTICE:

1. *As to the Certificate to the Secretary of State, this page is to be used **only** when a determinative finding has been made that voting rights should be removed due to the lack of capacity of the Proposed Ward. The Order must be modified to reflect that this right was removed. The Certificate must be mailed to the Secretary of State.*
2. *As to the Certificate to the GBI, this page shall be used in all cases where a Guardianship and/or Conservatorship is established. Individuals so listed in this database will be prohibited from obtaining a firearm permit. In the event the Proposed Ward's rights are restored, such restoration of rights **shall** be sent to the GBI so the database can be updated. Only the Certificate needs to be sent to the GBI and not the Guardianship Order.*

NOTICE

**THE FOLLOWING PAGES ARE TO BE
COMPLETED BY THE PETITIONER (MOVING
PARTY) UNLESS OTHERWISE DIRECTED BY THE
COURT.**

SEE PROBATE COURT RULE 5.6 (A).

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: _____, _____, _____, _____
PROPOSED WARD _____, _____, _____, _____
ESTATE NO. _____
)

**ORDER FOR SERVICE AND EVALUATION
OF THE PROPOSED WARD**

The above and foregoing Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward having been read and considered and it appearing that there is sufficient evidence to believe that the Proposed Ward is in need of a guardian and/or conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1,

IT IS HEREBY ORDERED that _____
(physician) (psychologist) (licensed clinical social worker), telephone number _____,
is appointed to evaluate the above-named Proposed Ward at ____:____ m., on
_____, 20____ at _____
[location name and address]

In compliance with Georgia law and federal law, including HIPAA, healthcare providers shall permit the above evaluator to have access to the Proposed Ward's medical records;

IT IS FURTHER ORDERED that the above-named Proposed Ward shall submit to an evaluation at the time and place stated above;

IT IS FURTHER ORDERED that the evaluator shall explain the purpose of the evaluation to the Proposed Ward;

IT IS FURTHER ORDERED that the Clerk shall immediately notify the Proposed Ward of these proceedings by having all pleadings, as well as this order and the notice of proceedings to appoint guardian and/or conservator, personally served on the Proposed Ward; and

IT IS FURTHER ORDERED that the Clerk shall mail by first-class mail the notice of filing of Petition for Guardianship and/or Conservatorship to all interested individuals identified in paragraphs 6, 7, 9, and 12 of the Petition.

SO ORDERED this _____ day of _____, 20____.

Judge of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
)
)
)
ESTATE NO. _____

NOTICE TO PROPOSED WARD OF PROCEEDINGS TO APPOINT GUARDIAN AND/OR CONSERVATOR

TO:

This is to notify you of a proceeding initiated in this Court by _____, seeking to appoint:

[initial all that apply]

(a) a guardian for your person; and/or
 (b) a conservator for your property

and to inform you of your right to independent counsel. If you wish to retain your own attorney, you must notify this Court within two days; otherwise, an attorney will be appointed for you by the Court.

You are further notified that _____ has been appointed by the Court to evaluate you. You must submit to an evaluation by being present at: _____ on _____, 20_____,
[location] [date]
at : .m., which is not sooner than the fifth (5th) day after the service of notice on you.

Failure to present yourself for evaluation at the time and place above will authorize the Court to order you transported directly to and from a medical facility or the office of the physician, psychologist, or licensed clinical social worker for the court-ordered evaluation.

YOU ARE FURTHER NOTIFIED:

YOU AND YOUR ATTORNEY HAVE THE RIGHT TO ATTEND ANY HEARING HELD ON THIS MATTER.

IF A GUARDIAN IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT RIGHTS TO CONTROL AND MANAGE YOUR PERSON.

IF A CONSERVATOR IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT
RIGHTS TO CONTROL AND MANAGE YOUR PROPERTY.

ALTHOUGH YOU MUST ATTEND THE EVALUATION, YOU DO NOT HAVE TO RESPOND TO QUESTIONS.

Witness my hand and seal this _____ day of _____, 20____.

Clerk of the Probate Court

Printed Name

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
)
)
)
ESTATE NO. _____

APPOINTMENT OF ATTORNEY

It appears that the ward has not notified the Court of his or her retention of counsel; therefore, the attorney named below is hereby appointed as counsel for the Proposed Ward:

Typed/Printed name of Attorney: _____

Address: _____

Page 10 of 10

Telephone Number:

The Clerk shall serve the appointed attorney with a copy of the Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward and any amendments, any objections, and all other orders pertaining to this case via first class mail.

SO ORDERED this _____ day of _____, 20_____.
[Signature]

Judge of the Probate Court

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of this order to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Printed Name

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
_____,)
_____,)
PROPOSED WARD)
ESTATE NO. _____

COURT APPOINTED EVALUATOR'S REPORT

In compliance with the Order of the Probate Court of _____ County
dated _____, 20____, I performed an evaluation of the above-named
Proposed Ward on _____, 20____. This evaluation took place at _____

The evaluation continued for _____ (minutes)(hours). I explained the purpose of the evaluation to the Proposed Ward.

The following questions and tests were utilized in the evaluation:

Below is a list of all persons and other sources of information consulted in evaluating the Proposed Ward:

The following is a description of the Proposed Ward's mental and physical state and condition, including all observed facts considered:

The following is a description of the overall social condition of the Proposed Ward, including support, care, education, well-being, and the functional capabilities of the Proposed Ward, determined by the evaluator:

The following are my findings as to the needs of the Proposed Ward and their foreseeable duration:

[initial all that apply]

(a) I find the Proposed Ward to be incapacitated by reason of _____

Page 10 of 10

Ward: _____ to the extent that said Proposed

____ (i) *[for guardianship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety; and/or

___ (ii) *[for conservatorship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property.

_____ (b) I do not find that the Proposed Ward meets the standards for guardianship set out in (a) (i) above.

_____ (c) I do not find that the Proposed Ward meets the standards for conservator set out in (a) (ii) above.

Physician licensed under Chapter 34 of Title 43 of the
Official Code of Georgia Annotated/
Psychologist licensed under Chapter 39 of Title 43 of the
Official Code of Georgia Annotated/
Licensed Clinical Social Worker

Printed Name

Sworn to and subscribed before me this
day of , 20 .

NOTARY/ CLERK OF PROBATE COURT
My Commission Expires

[NOTE: This report must be filed with the Probate Court no later than seven (7) days after the Evaluation.]

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
PROPOSED WARD,)
ESTATE NO. _____

ORDER FOR SERVICE AND NOTICE OF HEARING

After review and consideration of the Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward and the court-ordered evaluation report, the Court finds that there is probable cause to support a finding that the Proposed Ward is in need of a guardian and/or conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1; therefore

IT IS ORDERED AND ADJUDGED THAT:

(1) A hearing shall be set for ____:_____.m., on _____, 20_____, which is not less than ten (10) days from the date that this notice is mailed, to determine the need for the appointment of a guardian and/or conservator for the above-named Proposed Ward, to be held in the Probate Court of _____ County, courtroom _____, (address) _____.

(2) A copy of this order and a copy of the evaluation report shall be sent to the Proposed Ward, his or her attorney, and guardian ad litem, if any. These copies shall be sent by the Clerk, first-class mail, as soon as practicable after the signing of this order.

(3) A copy of this order shall be sent to the interested person(s) shown in paragraphs 6, 7, 9, and 12 of the Petition, and to the Petitioner(s) and his/her/their attorney, if any. These copies shall be sent by the Clerk, first-class mail, as soon as practicable after the signing of this order.

SO ORDERED this _____ day of _____, 20_____.
[Signature]

Judge of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
PROPOSED WARD _____,)
ESTATE NO. _____

**CERTIFICATE OF SERVICE OF ORDER FOR SERVICE AND NOTICE OF
PROCEEDINGS TO PROPOSED WARD'S GUARDIAN AD LITEM AND ATTORNEY**

[NOTE: The entire Petition is required to be mailed to the Proposed Ward's guardian ad litem (if any) and attorney.]

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of the Petition and order(s) to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
)
)
)
ESTATE NO. _____

CERTIFICATE OF SERVICE OF ORDER FOR SERVICE AND NOTICE OF PROCEEDINGS

I certify that I have on this date mailed in an envelope with proper postage affixed thereto for first-class delivery (unless otherwise noted) the Order for Service and Notice of Proceedings, to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
)
)
)
ESTATE NO. _____

**NOTICE OF FILING OF PETITION FOR
GUARDIANSHIP AND/OR CONSERVATORSHIP**

The Petition of _____ and/or _____, was filed on _____, 20 _____. The Petition is for _____ to be appointed as Guardian and for _____ to be appointed as Conservator for the above-named Proposed Ward. All interested persons are hereby notified to show cause, if any they have, why said Petition should not be granted.

Judge of the Probate Court

By: _____
Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD,)
ESTATE NO. _____

CERTIFICATE OF SERVICE OF NOTICE OF FILING OF PETITION

[NOTE: Notice is required to be mailed to the spouse, family, and/or friends of the Proposed Ward as found in paragraphs 6, 7, 9, and 12 of the Petition.]

I certify that I have on this date mailed in an envelope with proper postage affixed thereto for first-class delivery (unless otherwise noted) the "Notice of Filing of Petition for Guardianship and/or Conservatorship" to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
)
)
)
ESTATE NO. _____

CERTIFICATE OF SERVICE OF ORDER AND NOTICE OF HEARING

[NOTE: Notice is required to be mailed to the Proposed Ward's guardian ad litem (if any) and attorney; and the Proposed Ward's spouse, family, and/or friends as found in paragraphs 6, 7, 9, and 12 of the Petition.]

I certify that I have on this day mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of the Order and Notice of Hearing and a copy of the evaluation report to the Proposed Ward and other persons listed below as required by law, and to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: _____, _____, _____)
PROPOSED WARD _____, _____)
ESTATE NO. _____
)

ORDER FOR DISMISSAL

The above and foregoing Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward having been read and considered pursuant to O.C.G.A. §§ 29-4-11 and/or 29-5-11:

[Use only (a) or (b) and strike through the portion that does not apply.]

_____ (a) Based on the allegations made in the Petition and prior to the court-ordered evaluation, it appears that there is not probable cause to believe that the Proposed Ward is in need of a guardian or conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1; therefore:

_____ (b) Based on the allegations made in the Petition and after review and consideration of the court-ordered evaluation report filed with this Court, this Court finds that there is not probable cause to support a finding that the Proposed Ward is in need of a guardian or a conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1; therefore:

IT IS HEREBY ORDERED that the Petition is dismissed and that a copy of this order and the court-ordered evaluation report be served on the Proposed Ward, his or her attorney, his or her guardian ad litem, if any, the appointed Power of Attorney of the Proposed Ward as found in paragraph 7 of the Petition and to the Petitioner(s) or his/her/their attorney, if any, by first class mail.

SO ORDERED this _____ day of _____, 20 ____.

Judge of the Probate Court

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: _____, _____, _____, _____
PROPOSED WARD _____, _____, _____, _____
ESTATE NO. _____

CERTIFICATE OF SERVICE OF ORDER FOR DISMISSAL

[NOTE: Notice is required to be mailed to the Proposed Ward's guardian ad litem (if any) and attorney; and the appointed Power of Attorney of the Proposed Ward as found in paragraph 7 of the Petition.]

I certify that I have on this day mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery with a copy of the order for dismissal to the Proposed Ward and other persons listed below as required by law, and to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
PROPOSED WARD)
)
)
)
ESTATE NO. _____

STIPULATION AND WAIVER BY PROPOSED WARD'S ATTORNEY

IN RE: PETITION FOR THE APPOINTMENT OF A GUARDIAN AND/OR CONSERVATOR
FOR THE ABOVE-NAMED PROPOSED WARD

The undersigned, as the attorney representing the above-named Proposed Ward in these proceedings,

[initial all that apply]

____ (a) does hereby stipulate into evidence the affidavit prepared by _____, being the evaluation
[name of affiant evaluator]
report ordered by the Court in this matter, and hereby waives the appearance
of such affiant at any hearing concerning the said Petition;

_____ (b) does hereby stipulate into evidence the affidavit(s) prepared by _____, which is the
[name of affiant evaluator] affidavit referred to in the introductory paragraph part (b) of the Petition, and hereby waives the appearance of such affiant at any hearing concerning the said Petition; and/or

_____ (c) does further waive the appearance of my client, the Proposed Ward, at said hearing.

This _____ day of _____, 20_____.
(Handwritten signature)

Signature of Attorney

Printed name of Attorney

Address

Telephone Number _____ State Bar # _____

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
WARD)
_____,)
_____,)
_____,)
_____,)
ESTATE NO. _____

FINAL ORDER

A hearing was held on the above-referenced Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward on _____, 20____, and after considering the pleadings, the evaluation report, and the evidence taken at the hearing, the Court makes the following:

FINDINGS OF FACT

1.

All procedural requirements of O.C.G.A. §§ 29-4-11 and/or 29-5-11 have been met.

2

The above-named ward (does) (does not) lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her health and safety due to *[state how or why lacks capacity]*:

The above-named ward (does) (does not) lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property due to *[state how or why lacks capacity]*:

Such incapacity appears to be (permanent) (temporary, not lasting more than days).

3

\$ The current value of the personal property and annual income of the ward is approximately . The ward has an interest in real property in the following locations:

(a) _____ County, (state) _____;
(b) _____ County, (state) _____;
(c) _____ County, (state) _____.

The ward has outstanding debts of \$ _____ and average expenditures of \$ _____ per month.

4.

Petitioner(s) moved the Court to appoint _____ as guardian and _____ as conservator asserting those individual(s) should serve because:

[initial all that apply]

_____ (a) Another individual, being _____, was nominated/designated by the ward to serve as guardian,
_____ (i) and no good cause was shown to override such preference.
_____ (ii) but good cause was shown not to appoint said individual, being: _____.

_____ (b) Another individual with higher preference, being _____, was nominated/designated to serve as guardian by someone other than the ward, and/but it (is) (is not) in the best interest of the ward to appoint him/her guardian because _____.

_____ (c) Another individual, being _____, was nominated/designated by the ward to serve as conservator,
_____ (i) and no good cause was shown to override such preference.
_____ (ii) but good cause was shown not to appoint said individual, being: _____.

_____ (d) Another individual with higher preference, being _____, was nominated/designated to serve as conservator by someone other than the ward, and/but it (is) (is not) in the best interest of the ward to appoint him/her conservator because _____.

5.

The Petitioner(s) requested that the guardian(s) and/or conservator(s) be granted the following additional powers pursuant to O.C.G.A. §§ 29-4-23 (b) and/or 29-5-23 (b) and/or (c):

CONCLUSIONS OF LAW

The Court finds, by clear and convincing evidence that the above-named ward (hereinafter referred to as the “ward”) is in need of:

[initial all that apply]

- (a) a guardian because the ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety. The duration of the guardianship is (permanent) (temporary not lasting more than _____ days); and/or
- (b) a conservator because the ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property. The duration of the conservatorship is (permanent) (temporary not lasting more than _____ days).

IT IS ORDERED that _____ should be, and hereby is/are, appointed guardian(s) and _____ should be, and hereby is/are, appointed conservator(s) of the ward because: _____.

Letters of guardianship and/or conservatorship shall issue to such guardian(s) and/or conservator(s) upon taking the required oath and upon the conservator(s) posting bond in the amount of \$ _____. **The appointed guardian(s) and/or conservator(s) shall have no authority to act on behalf of the ward until Letters of Guardianship and/or Conservatorship have issued.**

IT IS FURTHER ORDERED that due to the appointment of a guardian, this Order REMOVES from the ward the power to:

[initial all that apply]

- (a) Contract marriage;
- (b) Make, modify, or terminate other contracts;
- (c) Consent to medical treatment;
- (d) Establish a residence or dwelling place;
- (e) Change domicile;
- (f) Revoke a revocable trust established by the ward; and/or
- (g) Bring or defend any action at law or equity, except an action relating to the guardianship.

IT IS FURTHER ORDERED that due to the appointment of a conservator, this Order REMOVES from the ward the power to:

[initial all that apply]

- (a) Make, modify, or terminate contracts, other than the power to contract marriage;
- (b) Buy, sell, or otherwise dispose of or encumber property;
- (c) Enter into or conduct other business or commercial transactions;
- (d) Revoke a revocable trust established by the ward; and/or
- (e) Bring or defend any action at law or equity, except an action relating to the conservatorship.

IT IS FURTHER ORDERED that the guardian(s) and/or conservator(s) shall have the following additional powers as set forth in O.C.G.A. §§ 29-4-23 (b) and 29-5-23 (b) and/or (c):

IT IS FURTHER ORDERED that the following reasonable sums of property shall be provided to the guardian to provide adequately for the ward's support, care, education, health, and welfare until further Order of the Court: \$ _____ per _____.

IT IS FURTHER ORDERED that the guardian shall file, in addition to the personal status report, the following supplemental report (monthly) (annually): _____.

IT IS FURTHER ORDERED that a copy of this Order shall be served by first class mail on the ward, the ward's attorney, guardian ad litem, if any, the guardian(s) and/or conservator(s), and the Petitioner(s) or his/her/their attorney, if any.

IT IS FURTHER ORDERED that the ward's legal counsel shall make reasonable efforts to explain to the ward this Order and the ward's rights under this Order.

IT IS FURTHER ORDERED that, within thirty (30) days of the date hereof, the clerk shall file the certificate of creation of conservatorship in accordance with O.C.G.A. § 29-5-13 (d) with the Clerk of Superior Court of each county in this state in which the ward owns real property.

SO ORDERED this _____ day of _____, 20____.

Judge of the Probate Court/Hearing Officer
exercising the jurisdiction of the Probate Court
pursuant to O.C.G.A. §§ 29-4-12 (d)(7) and/or
29-5-12 (d)(7)

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
WARD)
_____,)
_____,)
_____,)
_____,)
ESTATE NO. _____

CERTIFICATE OF SERVICE OF FINAL ORDER

[NOTE: Notice is required to be mailed to the ward's attorney and guardian ad litem (if any).]

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of the Final Order to the ward and other persons listed below as required by law, and to the following at the address listed below:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

Probate Court Return Mailing Address:

(Above space to be used for filing in Superior Court Clerk's Office Deeds and Records)

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
WARD)
)
)
)
ESTATE NO. _____

CERTIFICATE OF CREATION OF CONSERVATORSHIP

[Pursuant to O.C.G.A. § 29-5-13 (d)]

DATE ORDER ISSUED:

GRANTOR [*NAME OF WARD*]: _____

GRANTEE [*NAME OF CONSERVATOR(S) OF ABOVE WARD*]: _____

A conservatorship has been created for the above-named ward.

(a) The Conservatorship is permanent.

____ (b) The expiration date set by court order is _____, 20____.

I do hereby certify that the above information is based on the Order of the Probate Court issued on the date set out above and that the above information is true and correct.

By: _____
Clerk of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
WARD)
_____,)
_____,)
_____,)
_____,)
ESTATE NO. _____

**CERTIFICATE OF FILING
CERTIFICATE OF CREATION OF CONSERVATORSHIP**

I have this date hand-delivered and/or mailed for filing a Certificate of Creation of Conservatorship to the Clerk of the Superior Court of each of the following counties, together with payment of any recording costs:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

LETTERS OF GUARDIANSHIP OF ADULT WARD

FROM: the Judge of the Probate Court of said County

TO: _____, Guardian(s)

The above-named adult ward was found by this Court to be in need of a guardian, and this Court entered an order designating you as such guardian(s). You have assented to this appointment by taking your oath. In general, your duties as guardian are to protect and maintain the person of the ward.

Special Instructions:

1. It is your duty to see that the ward is adequately fed, clothed, sheltered, and cared for and that the ward receives all necessary medical attention.
2. You must keep the Court informed of any change in your name or address and promptly notify the Court of any conflict of interest arising between you and your ward.
3. Within sixty (60) days after appointment and within sixty (60) days after each anniversary date of appointment, you must file with the Probate Court a personal status report concerning your ward which shall include:
 - (a) A description of the ward's general condition, changes since the last report, and needs;
 - (b) Your recommendations for any alteration in the guardianship order;
 - (c) All addresses of the ward during the reporting period and the living arrangements of the ward for all addresses; and
 - (d) A description of the amount of any funds received and expended by the guardian for the support of the ward.
4. Please consult your attorney if you have any questions.
5. Your authority to act pursuant to these Letters is subject to applicable statutes and to any special orders entered in this case.

Given under my hand and official seal, the _____ day of _____, 20____.

Judge of the Probate Court

[NOTE: The following must be signed if the judge does not sign the original of this document:]

Issued by:

(Seal)

Clerk of the Probate Court

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: _____,)
_____,)
_____,)
ESTATE NO. _____
WARD _____,)
_____,)
DATE OF BIRTH _____,)

LETTERS OF CONSERVATORSHIP OF ADULT WARD

FROM: the Judge of the Probate Court of said County

TO: _____, Conservator(s)

The above-named adult ward has been found by this Court to be in need of a conservator, and this Court has entered an order designating you as such conservator(s). You have assented to this appointment by taking your oath and posting a bond. In general, your duties as conservator are to protect and maintain the property of the ward.

Special Instructions:

1. You must keep your ward's funds separate from your own. You should put your ward's funds in a separate checking or savings account, as appropriate, and make all payments by check.
2. You may not sell, mortgage, give away, or otherwise dispose of any of your ward's property without a court order.
3. Without a court order, you may not spend any of your ward's funds for any purpose except as set forth in the court approved budget.
4. You must file within two months of your appointment an inventory showing the ward's property and a plan for managing, expending, and distributing the property. Further, you must file, within sixty (60) days of each anniversary date of these Letters, an annual return showing all receipts and disbursements, accompanied by an affidavit certifying that the original vouchers (checks) have been compared with the items listed on the return, and that the return is correct, together with an updated inventory and plan for managing the property. A copy of said return shall be sent by first class mail to the surety, the ward, and the guardian, if any
5. The regular commissions allowed a conservator are 2.5% on all sums of money received, and 2.5% on all sums paid out, as shown by the annual or final return. There are special rules concerning commissions for property delivered in kind, interest earned, extraordinary services, and market value of property held as of the last day of your reporting period.

6. You must keep the Court informed of any change in your name or address and promptly notify the Court of any conflict of interest arising between you and your ward.
7. You should inform the Court of any change of location of your ward.
8. Please consult your attorney if you have any questions.
9. Your authority to act pursuant to these Letters is subject to applicable statutes and to any special orders entered in this case.

Given under my hand and official seal, the _____ day of _____, 20____.

Judge of the Probate Court

[NOTE: The following must be signed if the judge does not sign the original of this document:]

Issued by:

(Seal)

Clerk of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

LETTERS OF GUARDIANSHIP AND CONSERVATORSHIP OF ADULT WARD

FROM: the Judge of the Probate Court of said County

TO: _____, Guardian(s) and Conservator(s)

The above-named adult ward has been found by this Court to be in need of a guardian and conservator, and this Court has entered an order designating you as such guardian(s) and conservator(s). You have assented to this appointment by taking your oath and posting a bond. In general, your powers and duties are to protect and maintain the person and property of the ward.

Special Instructions:

1. It is your duty to see that your ward is adequately fed, clothed, sheltered and cared for, and that your ward receives all necessary medical attention.
2. You must keep your ward's funds separate from your own. You should put your ward's funds in a separate checking or savings account, as appropriate, and make all payments by check.
3. You may not sell, mortgage, give away, or otherwise dispose of any of your ward's property without a court order.
4. You may not spend any of your ward's funds for any purpose, except as set forth in the court approved budget, without a court order.
5. You must file within two months of your appointment an inventory showing the ward's property and a plan for managing, expending, and distributing the property. Further, you must file, within sixty (60) days of each anniversary date of these Letters, an annual return showing all receipts and disbursements, accompanied by an affidavit certifying that the original vouchers (checks) have been compared with the items listed on the return, and that the return is correct, together with an updated inventory and plan for managing the property. A copy of said return shall be sent by first class mail to the surety, the ward, and the guardian, if any.

6. The regular commissions allowed a conservator are 2.5% on all sums of money received, and 2.5% on all sums paid out, as shown by the annual or final return. There are special rules concerning commissions for property delivered in kind, interest earned, extraordinary services, and market value of property held as of the last day of your reporting period.
7. You must keep the Court informed of any change in your name or address and promptly notify the Court of any conflict of interest arising between you and your ward.
8. Within sixty (60) days after appointment and within sixty (60) days after each anniversary date of appointment, you must file with the probate court a personal status report concerning your ward which shall include:
 - (a) A description of your ward's general condition, changes since the last report, and needs;
 - (b) Your recommendations for any alteration in the guardianship and/or conservatorship order; and
 - (c) All addresses of the ward during the reporting period and the living arrangements of the ward for all addresses.
9. Your authority to act pursuant to these Letters is subject to applicable statutes and to any special orders entered in this case.

Given under my hand and official seal, the _____ day of _____, 20____.

Judge of the Probate Court

*[NOTE: The following must be signed if the judge
does not sign the original of this document:]*

Issued by:

Clerk of the Probate Court

(Seal)

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
WARD)
_____,)
ESTATE NO. _____

CERTIFICATE OF VOTING RIGHTS REMOVED

TO: Secretary of State
Elections Division
West Tower 802
2 Martin Luther King, Jr. Dr., SE
Atlanta, Georgia 30334

The following individual has been adjudicated to lack sufficient mental capacity, and his or her voting rights have been removed:

NAME: _____

ADDRESS: _____

DATE OF BIRTH:

DATE OF ORDER REMOVING RIGHT TO VOTE:

I have this date mailed for filing a Certificate of Voting Rights Removed and enclosed a copy of the Order removing such voting rights to the Office of the Secretary of State by placing a copy of same in an envelope addressed as set forth above and depositing same in the U.S. Mail, first class, with adequate postage thereon.

This _____ day of _____, 20_____.
(Handwritten signature)

Clerk of the Probate Court

Address

Telephone Number

CERTIFICATE OF GUARDIANSHIP / CONSERVATORSHIP ESTABLISHED

Make Electronic Submissions via the Georgia Criminal Justice Information System (CJIS) Network

-OR-

Mail Guardianship / Conservatorship forms to: Georgia Crime Information Center
Attention: CJIS Operations
Unit 3121 Panthersville Rd.
Decatur, Georgia 30034

*DATE OF ORDER (mm/dd/yyyy)	*JUDGE'S NAME		
*PROBATE COURT COUNTY/ORI NUMBER		*ESTATE NUMBER	
THE FOLLOWING INDIVIDUAL HAS BEEN ADJUDICATED TO LACK SUFFICIENT MENTAL CAPACITY AND GUARDIANSHIP/CONSERVATORSHIP HAS BEEN ESTABLISHED.			
*NAME (Last, First, Middle)			
*SEX	*RACE	*DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER (###-##-####)
CURRENT ADDRESS (Street Address)			
CITY		STATE	ZIP CODE
SIGNATURE (Court Official)		DATE SIGNED	
*Court Official's Title			

***Mandatory Field**

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: _____,)
_____,)
WARD)
_____,)
_____,)
_____,)
_____,)
ESTATE NO. _____

**CERTIFICATE OF FILING OF CERTIFICATE OF
GUARDIANSHIP/CONSERVATORSHIP ESTABLISHED**

I hereby certify that the above-stated information is true and correct and that I have this date mailed this Certificate of Guardianship/Conservatorship Established to the Georgia Bureau of Investigation by placing copies of same in an envelope addressed as set forth above and depositing same in the U.S. Mail, first class, with adequate postage thereon.

This _____ day of _____, 20____.

Clerk of the Probate Court